

THIRTY-FIFTH
ANNUAL REPORT

OF THE

DIRECTORS

OF THE

Dundee Royal Asylum

FOR

LUNATICS;

SUBMITTED, IN TERMS OF THEIR CHARTER, TO A GENERAL MEETING
OF THE DIRECTORS, 18TH JUNE 1855.

WITH THE

REPORT OF THE MEDICAL OFFICERS.

DUNDEE:
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REPORT BY THE DIRECTORS
OF THE
DUNDEE ROYAL LUNATIC ASYLUM,
TO THE
ANNUAL GENERAL COURT,
18TH JUNE 1855.

THE Directors present their accustomed annual Report, deeply impressed with the importance of the interests committed to their trust. It is now forty-three years since the foundation stone of the Institution was laid ; and although the history of its progress presents a chequered page of success achieved, and disappointment sustained, it is matter for congratulation that the general result has realized all reasonable expectation ; has justified the many extensive and important additions made at various times to the building and grounds ; and has amply vindicated the humane views of those who first proclaimed the want of such an Institution, and appealed to the inhabitants of Dundee to subscribe the funds for its erection.

The transactions of the past year present no exception to this estimate. They indicate an earnest determination to extend and multiply the means of amelioration and comfort adopted, and that the efforts made have not been unfruitful.

Moreover, if the demands made upon the resources of the Institution may be fairly taken as an index of the confidence of the public, there are ample grounds for satisfaction, seeing that the demand for accommodation has exceeded the power to accommodate. The house has remained constantly full, having been taxed to the uttermost short of overcrowding ; and it has even been necessary, upon several occasions, to refuse applications for admission. Additional accommodation will, however, be available when the chapel, in course of erection, is finished, by converting a portion of the present chapel into apartments for patients. Fifty-one patients have been admitted ; thirty-five have been discharged ; and eleven have died during the year.

The building has reached its present proportions by additions made from time to time according as necessity demanded. At its opening accommodation was provided for forty patients only, the central building and the two southern wings having been found sufficient to meet the wants then existing. The northern wings and other extensive additions have since been completed, and the number of patients now resident is 210. One very considerable advantage has resulted from this gradual development of the Institution by affording opportunities for appropriating the many great and valuable improvements which experience has indicated and confirmed of late years. It has been possible to dispense with many antiquated and inconvenient appliances, while the important result is established that the Institution is well adapted to its purpose, and calculated to satisfy every requirement for promoting the recovery, recreation, and well-being of its residents.

Allusion to the successive improvements and gradual development of the Institution cannot be made without thinking of an individual whose services in effecting them can scarcely be over-estimated. Nor can the summary of

the events of the past year be recorded without expressing the sincere regret with which the intimation has been received that he has resolved no longer to take an active part in the management of its affairs. Mr Scott is one of the earliest friends of the Asylum. He co-operated with its originators half a century ago; and ever since he has superintended its affairs, and promoted its interests and advancement with so much solicitude, constancy, and ability, that, in relation to him, the Asylum itself is in an especial manner a standing record or acknowledgment of a public debt of gratitude due to him. His ingenuity and knowledge of the architectural methods for securing the highest amount of comfort and convenience are impressed upon every part of the building, and have contributed in a high degree to gain for it that reputation for judicious contrivance and arrangement which has been so frequently awarded. There is scarcely a stone or a beam—an inlet or an outlet, either above or below the ground, of which he cannot give an account; and fortunately his thorough sympathy with the afflicted on whose behalf he laboured, and his appreciation of the peculiarities and sensitive feelings characterising many forms of the malady, gave a value and precision to his judgment upon any point connected with the Institution in the highest degree trustworthy. Not to find Mr Scott's name upon the list of office-bearers will be an event unprecedented in the annals of the Asylum. In the first Report issued his name appears as the first who visited the house officially as House-visitor; and in each of the last eighteen Reports he is mentioned as holding the office of Chairman. To the sincere regret of all his colleagues, Mr Scott now resigns the office which he has held for so many years, and puts a veto upon his being again elected to fill any position requiring him to take an active share in the management of the Asylum business. Enfeebled health is, unhappily, the reason Mr Scott assigns for quitting the scene of his meritorious and useful labours, and for consigning to other hands his share

in the management of an Institution which has grown up under his eye, and which is indebted for its success in a high degree to his exertions. Fortunately, Mr Scott, as one of the life Directors, is still our colleague, and expresses unabated anxiety for the welfare of the Institution, and his readiness at all times to afford information, and to promote its interests to the utmost of his ability. He carries with him into his retirement the earnest hopes of all connected with the Institution that his health may soon be restored, and that he may be long spared to enjoy that happy mental state, the fruit and reward of a long life successfully occupied in helping the helpless, and smoothing the brow of anguish.

The recommendations contained in former Reports have been attended to, and the chapel is now in course of erection. Plans by Mr Scott, architect, together with specifications and estimates, were submitted to the last Quarterly Court, and the Committee of Management was authorized to proceed with the work. It is expected that it will be completed in October next. The site of the building is at the eastern extremity of the Asylum, and will be connected with it by a short covered way leading from the department appropriated to the female Weaving and Winding shops. The situation was chosen as the most suitable, after it was discovered to be impracticable to give it a central position equi-distant from the two sides of the establishment. The site is quite open to the south, and in a pleasant part of the grounds. During unfavourable weather, the continuous covered-way can be used, and when the weather is fine, a walk to church through the grounds will be very agreeable. The building is of a crucial form : light Norman style ; neat, substantial, and commodious, and will be seated for one hundred and forty-two hearers. The cost of the edifice, including the architect's fee of £25, will be £670 0s 6d. The several items being—mason work, £310 ; wright work, £248 ; slater work, £56 ; plaster work, £25 8s ; and plum-

ber work, £15, 12s 6d. This was the lowest figure to which the contractors could be reduced ; and perhaps it will be considered as far from exorbitant when it is mentioned that each pew is to be six inches wider than ordinary, so as to admit free passage in front of the sitters, and will accommodate four sitters only, this provision requiring the total space of the interior of the building to be increased by one-fourth ; that there will of course be no gallery ; and that the comfort of the occupants has been a principal element in the calculation rather than the solution of the problem, how to provide accommodation for a given number of individuals at the lowest rate. When it is mentioned that the architect received his instructions from our excellent Chairman—and that the directing the drawing of these plans was his last official service—we have a guarantee that the chapel will be in keeping with the other portions of the fabric.

Hitherto our practice has been similiar to that of the other Institutions in Scotland, the primitive method of worship in an “upper chamber” having been adopted. “A real kirk”—to use the expression of one of the patients—with its separate foundation and special construction, is, we believe, unprecedented among the Asylums of Scotland. In providing for the wants of the insane, it is of consequence to give to everything as much as possible the form and pattern of ordinary life ; to break through as many of the restraints as possible which distinguish the usages of sane and insane society. The plan for this chapel is admirably in keeping with this principle. To deprive patients of that which is familiar to them, and which they know others enjoy—which is offensively done when any extraordinary or exceptional methods for performing divine service are resorted to—keeps the idea constantly alive that they are a peculiar congregation, and diminishes that enjoyment which the services would otherwise impart. The idea has already given great satisfaction to many of the patients, one of whom, who

derives pleasure from watching the daily progress of the building, humorously suggests that it should be recognized by the Town Council as a separate and additional parochial charge. One of the ladies, upon paying her first visit to it, sent her attendant to Dr Wingett with the following note : —“ The little kirk gives pleasant thoughts. If not included in the estimate, I bespeak the furnishing of the cushions for the pulpit and precentor’s desk.”

Public worship now forms an important part in the moral discipline of the insane. Religious impressions are the first which the mind receives ; they are also the last to fade from it. The sentiment of veneration as indicated by posture and the natural language of devotion, may be seen to be in lively operation in patients from whose minds almost everything else has been obliterated. This is obviously the reason why there is an unusual degree of calm and solemnity in an Asylum upon the Sabbath day ; and why the restless, the loquacious, and the irritable, are enabled to subject their morbid tendencies to temporary restraint, and to fall into the requirements of decorum and order during worship in church. Facts of this nature point to the consolatory belief that however enfeebled and chaotic the mental powers may appear in their external manifestations, there may be still “an inner life hidden with God” remaining as a priceless and inalienable possession. The appeal made to the religious feelings, and the response thus elicited, have a healthy and healing tendency. Memories of former days are recalled by some when these duties were performed under other and happier circumstances ; others derive benefit from the mere solemnity of the scene without having followed the teaching ; many enjoy a respite from perplexing and morbid trains of thought in attending to the service ; while others feel attachment to the excellent chaplain, and have learned to value his simple scriptural teachings and amiable manners.

The formation of a small Library is another event of the past year. The proposal for this was submitted to the January Quarterly Court by Mr T. W. Miln. A selection, consisting of 200 volumes, has been made from the publications of the Religious Tract Society of London. Among them are many of the standard works in divinity, biography, church history, &c., forming an admirable nucleus for future acquisitions. The Institution has been highly favoured by the Committee of the Tract Society, in having been charged only £10 for the selection, instead of £19, 9s 6d, which is the ordinary price. This kind and considerate act on the part of the Society was gratefully acknowledged at the proper time. A regular and formal circulating Library is now in operation. An intelligent epileptic patient has undertaken the office of Librarian. He has marked and catalogued the books; keeps the record of the issues and receipts; and finds an ample reward in the opportunity for gratifying his own reading tastes which his position gives him. It is hoped that the collection will soon assume a more promiscuous character by the acquisition of the light, humorous, and imaginative literature which is so plentiful, and so well adapted for exciting beneficial influences over many forms of morbid thought and feeling. Already this want has been partially supplied by the contributions of volumes by several kind friends of the Institution; and the Directors would take this opportunity of intimating that donations of books upon any or all subjects, for the use of the patients, will be received with gratitude. The selection need have no other restrictions placed upon it than those which virtue and good taste impose. Not so, however, with regard to the distribution of the books. Some readers require that a selection should be made adapted to their peculiar condition. It is sometimes of consequence to appeal to the tastes and bias of former days of health and vigour, rather than to the morbid conditions of the present moment. The common rules of

moral treatment require to be observed, and the readers supplied with a view to their recovery rather than to their gratification. There is always a large class of readers whose maladies have unfortunately assumed that chronic and intractable form which has resisted all the moral as well as material resources of medicine. Free and unfettered choice is of course allowed them to pursue every fancy in reading which can afford satisfaction or amusement. Many such read but do not understand, and seem to derive pleasure from the mere act of turning the leaves, or the attention is arrested by the illustrations met with. Others, again, are really readers of taste and discrimination, and can give a critical and acute account of what they read. To dictate or prescribe a given course of reading to such would excite indignation, and is never attempted. Thus our library becomes the daily food for some, and a potent medicine, when judiciously prescribed, for others. The school for reading, writing, arithmetic, and psalmody, is open every forenoon for two hours ; a share of these duties being performed by a patient who was formerly both schoolmaster and precentor in a country parish. Much may be done towards the cure of the diseased mind by educating it. Many will join in those exercises who cannot be induced to engage in any other occupation whatever. Some of these scholars are imbeciles who are learning the alphabet.

The financial affairs of the Institution still present a flourishing aspect. To exhibit this briefly it will be only necessary to state that the total expenditure upon buildings and furniture, during the whole career of the Asylum, has been £33,757, 2s 1d ; that the debt due amounts to £3,633, 19s 1d ; and that the excess of income over expenditure, for the year just expired, amounts to £384, 16s 8d. The expenditure for the past year is greater by £295, 13s, than it was for the previous year. This increase has fallen chiefly upon the outlay for provisions. A comparison of the cost of

this class of articles for the two last years shows that the provisions have cost this year £276, 15s 10d more than they did the year before. This difference is explicable partly by the rise in the price of many of these articles, and partly by the circumstance that the average number of patients in the house has been slightly higher. The daily average number this year has been 213; while, during the previous year, it was 204.

The prosperity of the Institution has received an impetus from time to time from the posthumous beneficence of many kind and considerate friends, the details of whose testamentary offerings have been inscribed with gratitude upon the records of the Asylum. Two legacies have been received during the past year; the one, amounting to £16, 13s, from the Trustees of the estate of the late Miss Lillias Maxwell; the other, amounting to £10, 2s 3d, from the Trustees of the estate of Mrs Andrew Pitcairn.

It is of consequence to mention here that upon the 10th April last it was gazetted that Her Majesty had been pleased to appoint a commission for the purpose of enquiring into the state of the Lunatic Asylums in Scotland, and also into the present state of the law respecting Lunatics and Lunatic Asylums. The members of the commission were—Samuel Gaskell, Esq., Fellow of the Royal College of Surgeons; William George Campbell, Esq., Barrister-at-law; Alex. Earle Montieth, Esq., Advocate, Sheriff of the County of Fife; and James Coxe, Esq., Doctor of Medicine. The Commissioners visited this Asylum upon the 11th ultimo. They were occupied for nearly four hours in making a minute and careful examination of the Institution and its inmates; in inquiring into the rules and regimen adopted; and in examining the registers and journals. Whatever is found to be defective in the present arrangements for obtaining the necessary guarantees for

the proper management of the Asylums of Scotland, and for the humane and enlightened treatment of their inmates, will be now fully and prominently brought forward by the Commissioners, and will, no doubt, receive the proper remedy from the Legislature. The experience of this Asylum tends to prove that the statute of the year 1815, which continues to be the law of Scotland in regard to lunacy affairs, has worked well. It provides for the visitation and inspection of Asylums by the Sheriffs or their Substitutes, accompanied upon each occasion by a medical practitioner. The advantages of this system are that the inspections are made by gentlemen attached officially to the district, the Sheriff himself having granted the warrants, and in many cases having become acquainted with the circumstances under which the patients were placed in the Asylum; they know the histories and families of many of the patients; and what is of the utmost consequence, they have opportunities for becoming acquainted with the characters of the individuals to whose care the patients are committed, which could not be secured by other arrangements. As an illustration of the existing practice, it may be mentioned, that the Institution was visited officially, upon the 5th of April last, by Sheriff Logan, and that at the conclusion of the examination he made the following memorandum in the register of the Asylum:—

“The foregoing entries compared with the warrants and found correct. I have found the House in admirable order.”

(Signed)

“A. S. LOGAN, Sheriff.”

Whatever changes it may be proposed to make in the present system, it will be the duty of the Directors to give them their best consideration, in order that the object which they have so much at heart may be forwarded, viz., the attainment of the most humane and efficient methods of management.

It only remains for the Directors to acknowledge the obligations of the Institution to the Medical Superintendent and Matron—whose enlightened and humane exertions to promote the welfare and comfort of the patients deserve the highest commendation ; to the Consulting Physician, whose skill and experience have been of the greatest value to the Institution ; to the Chaplain, for his earnest and faithful ministrations ; and to the Secretary and Treasurer, for their zealous and punctual performance of their several duties. Nor ought the services of the subordinate officials to be overlooked ; as, upon their kindness, patience, and discretion in waiting upon the patients, much of the efficiency of the treatment must necessarily depend.

ABSTRACT OF THE AFFAIRS

OF THE

DUNDEE LUNATIC ASYLUM,

For the Year ending 31st March 1855.

I N C O M E.

Board from Patients, . . .	£4564	19	11
Patients' Labour, . . .	107	4	4
Profit on Store, . . .	70	11	10
Profit on Straw, . . .	27	13	7
	<hr/>		
	£4770	9	8

E X P E N D I T U R E.

SALARIES—

Superintendent, . . .	£300	0	0
Matron, . . .	100	0	0
Physician, . . .	100	0	0
Chaplain, . . .	40	0	0
Secretary, . . .	30	0	0
Treasurer, . . .	75	0	0
	<hr/>		
	£645	0	0
Less Fees from Patients, . . .	47	5	0
	<hr/>		
	£597	15	0
Interest, . . .	£201	18	3
Servants' Wages, . . .	538	6	0
Soap, . . .	30	13	1
Taxes, . . .	11	14	8
Advertising, Printing, Stationery,			
Books, &c., . . .	53	9	2
Coals and Firewood, . . .	213	14	2
	<hr/>		
Carried forward,	£1049	15	4
	£597	15	0

Brought Forward,	£1049	15	4	£597	15	0
Fire Insurance,	13	13	10			
Feu Duty,	103	4	4			
Gas,	35	0	0			
Incidents,	56	19	0			
Patients' Extras,	21	13	7			
	<hr/>			1280	6	1
Butcher Meat,	£575	7	4			
Butter,	99	12	10			
Beer,	88	9	0			
Bread,	511	8	9			
Barley and pease,	58	0	7			
Cheese,	16	6	6			
Fish,	36	15	10			
Groceries,	31	5	4			
Milk,	310	2	0			
Meal,	305	12	0			
Medicines,	28	18	0			
Potatoes,	41	2	11			
Sugar,	61	13	0			
Tea,	64	19	8			
Water,	40	13	0			
	<hr/>			2270	6	9
Furniture,	£84	8	6			
Grounds,	33	13	6			
Mason Work,	3	8	2			
Plumber Work,	15	10	11			
Plaster Work,	0	4	4			
Painter Work,	38	14	0			
Slater Work,	4	9	3			
Smith Work,	25	17	7			
Wright Work,	57	14	2			
	<hr/>			264	0	5
				<hr/>		
				£4412	8	3
Excess of Income from Patients,				358	1	5
				<hr/>		
				£4770	9	8
				<hr/>		

ABSTRACT VIEW OF THE AFFAIRS OF THE ASYLUM,

From 1820 to 1855.

Amount of Income from 1821 to 1855,	£117,631	9	7
Amount of Expenditure from 1820 to 1855,	100,852	15	1½
	<hr/>		
Excess of Income,	£16,778	14	5½
Add Donations and Legacies			
from 1820 to 1854,	£13,317	13	3½
Do. from 1854 to 1855,	26	15	3
	<hr/>		
	13,344	8	6½
	<hr/>		
	£30,123	3	0
Amount of Debt at 31st			
March 1854,	£4,018	15	9
Deduct 1st, Excess of Income			
from the Patients for the			
Year ending 31st March			
1855,	£358	1	5
And 2d, Amount of			
Donations during			
the year,	26	15	3
	<hr/>		
	384	16	8
Amount of Debt due by Asylum at 31st March			
1855,	3,633	19	1
	<hr/>		
Total Expenditure on Buildings and Furniture,	£33,757	2	1
Deduct sum written off for depreciation,	455	18	0
	<hr/>		
Amount of Expenditure in General Balance			
Sheet,	£33,301	4	1

AT THE
 ANNUAL COURT OF DIRECTORS
 OF THE
 DUNDEE ROYAL LUNATIC ASYLUM,
 HELD IN TOWN HALL OF DUNDEE,
On MONDAY, 18th June 1855,

ALEX. BALFOUR, ESQ., IN THE CHAIR,

The Annual Report of the Directors was read.

Dr WINGETT read the Medical Report. The thanks of the Meeting were tendered to him for drawing it up.

The following parishes, having contributed £20 or upwards to the funds of the Asylum, are entitled to have their pauper patients admitted into class first, and are charged the lowest rate of board ; but no other parish, since 1824, can claim this privilege. The parish of St Andrews was privileged in 1837, and the parish of Kingsbarns in 1852, to have each one patient only in the Asylum at the lowest rate of board.

Airlie.	Kettins.
Alyth.	Kingsbarns, one patient only.
Arbroath.	Liff and Benvie.
Auchterhouse.	Longforgan.
Brechin.	Mains and Strathmartine.
Dundee.	Monifieth.
Dunnichen.	Monikie.
Forfar.	Murroes.
Glammiss.	Newtyle.
Guthrie.	Rescobie.
Inverarity.	St Andrews, one patient only.
Kirriemuir.	Tannadice.
Kinnettles.	Tealing.

MEDICAL REPORT TO THE DIRECTORS,

18TH JUNE 1855.

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THE medical history of the Institution during the past year has not been marked by any events of more than ordinary difficulty or embarrassment. It presents simply the customary detail of suffering relieved at one time, and of efforts employed in vain at another—of interesting narratives of the causation and completion of mental overthrow, and of the happy conditions under which restoration to health has been established. No epidemic has alarmed the house, nor has its quiet progress been interrupted by any serious accident.

Eighty-one applications for the admission of patients have been made during the year. Of these, fifty-one only could be accommodated; the remaining thirty were rejected upon the ground of want of room. Every demand for accommodation has been met by the anxious endeavour to grant it, by economizing space, as far as was consistent with the health and comfort of the inmates, and by exercising a scrupulous care to effect the discharge of every one whose prolonged residence was not absolutely necessary for the protection and well-being either of the patient or of society. These efforts to facilitate admission have been prompted by the conviction that immediate treatment is of the utmost importance; and also, that it frequently happens that any difficulty which the friends or guardians may encounter in finding the desired accommodation affords an excuse for gratifying that repugnance to isolation which is often felt, and which, unfortunately, often tends to confirm a malady which might have yielded to the adoption of a course which affords the best opportunity for the employment of judicious means of care and cure. Seclusion is usually the measure of last resort, after the remedial influences of home and time have been exhausted in vain. Sometimes

affection cannot sanction the removal of the sufferer, or there is a strong desire to conceal the misfortune. In all cases it is difficult to condemn motives and conduct such as this, however easy it may be to show that, in many cases, they are not the most judicious in their tendency. In other cases, however, there is scepticism in the power of medicine over mental disease, and especially, in the alleged ameliorating influence of an Asylum. This opinion is a remnant of the old superstition regarding the strictly spiritual nature and origin of the disease; and has, perhaps, been strengthened by the recollection of the pathetic injunction of Macbeth to "throw physic to the dogs," when we have to do with a mind diseased. It is, consequently, of much importance to oppose this error, and to state the well-ascertained fact that the malady is governed by the same laws of the organism, and is amenable to the same principles of treatment, as an attack of gastric irritation, or indigestion, or any other disease. Whether the mental disturbance has been induced by a moral or a physical cause, by a fright or a blow upon the head, it is equally due to a bodily derangement which our prescriptions are logically contrived to rectify. In every case the nervous apparatus is the seat of the mischief. It has suffered either a departure from its normal structure or condition, or it has been driven from its propriety of action by sympathy with disease going on in some other organ of the body. Thus the mind may be overthrown by an inflammation going on in the brain; it may be overthrown also by a disease going on in the stomach, in accordance with the operation of the same law precisely that a simple headache or a nightmare may be caused by an overloaded stomach. The mental manifestations being in this way deranged or suspended, it is by the employment of agents in strict accordance with the ascertained laws of the economy, that rational medicine achieves its triumphs over the maladies of the mind as well as of the body. The treatment pursued consists in the use of both moral and physical agencies. The remedies for insanity, like its causes, present their moral as well as physical categories. We seek at one time to allay the excited action of the nervous matter, or to rouse it into activity, by moral influences transmitted through the mind itself, and at other times we obtain the same results by sending our material medicaments through



the ordinary channels of the body. Thus a moral agency, such as an amusing book or a cheerful conversation, may exert a calmative influence in a given case, and a dose of opium or a glass of wine may produce a similar effect under precisely similar circumstances. The laughter or exhilarating emotions, and the soothing draught effect similar changes of the circulation going on in the nervous matter, and thereby induce identical results. This is a simple illustration of the method pursued. We do not presume to treat the mind itself, seeing that we have reasonable grounds for concluding that the disease does not exist there, and that it remains essentially unaltered amidst the wreck and ruin of the material conditions with which it is associated. In short, the treatment of insanity consists in the employment of a series of moral and material medicaments with a view to the removal of morbid bodily states; and the only mystery encountered in our progress is the precise *modus operandi* of matter upon mind. Advantage is taken of the known reciprocal actions of the one upon the other, and the endeavour is made to neutralize the malign bodily state by calling forth those powers of the mind which have a healthy and counteracting influence over the organic lesion.

Individuals influenced by the scepticism alluded to regard an Institution of this kind as being a place adapted for detention and supervision, and nothing more; as being a receptacle only for those bereft objects whose presence is destructive of the peace, safety, and comfort of their families, or whose extravagancies have exhausted the patience, pecuniary resources, or affection of their friends. The step is regarded by them as being tantamount to an acknowledgment that all hope of improvement has passed away, and that a moral death has been consummated. And when at length removal from home is determined upon, not only is it really true that this unhappy stage has been reached, but the difficulties and imperfections of the home treatment in regard to protection from cold, wet, and imperfect nutrition, are often found to have sown the seeds of mortal disease; and at the time of admission dissolution is found to be impending. Two instances of this description occurred during the past year, both patients having died soon after admission. The fact, which it is of consequence to establish, is that removal from home ought to be adopted as a means of recovery, and not simply to insure safety

or protection ; and in order to the benefit of the sufferer rather than the convenience of others. Until it is understood that an hospital for the insane aims at such curative objects, the actual power of medicine over mental maladies cannot be fairly ascertained or measured, nor the utility of such establishments justly estimated.

Much misconception exists in the public mind, both as to the interior organization of an Asylum, and of the business transacted there. It is a common occurrence to hear visitors and friends of patients state how great a difference existed between their preconceived notions, and the actual state of things. The prevalence of error upon this subject is so mischievous in its tendency, that it becomes a duty to take advantage of any opportunity which a popular Report of this kind offers for its correction. A well-appointed Asylum presents arrangements the most perfect, and opportunities the most numerous and varied, for applying the means most likely to succeed in attaining the desired restoration to health. It is supposed by many, that treatment in an establishment of this kind consists mainly in solitary confinement. The fact being that this measure is quite an exceptional one, and adopted only during critical moments of excitement, when the safety and recovery of the sufferer imperatively demand the temporary but total exclusion of all stimulating circumstances such as light, and the presence of individuals. It occasionally happens that this measure alone succeeds in procuring sleep after every other attempt to induce it has failed. It is, under certain circumstances, one of the most potent of calmatives and restoratives. It has frequently occurred, that after recovery, patients have described in glowing terms, the comfort and relief they experienced when their excitement was at its acmè, in being placed under the soothing influence of darkness and solitude after a long and exhausting period passed without rest or sleep, amidst the unavailing luxury of home, in the constant glare of light both by day and night, and surrounded by the unceasing attentions and kindnesses of friends, whose ministrations were misinterpreted, and consequently spurned. When used only upon occasions of emergency, accompanied by suitable contrivances for keeping up the necessary surveillance, and discontinued immediately after all its benefits have



been exhausted, solitude is a valuable medicine, the use of which is as reasonable as the shutting out the light from the eye when it is irritable or inflamed. The error alluded to consists in supposing that it is the only possible state of existence in an institution for the insane, and that the proper time for placing an individual there, is when the mind has suffered a complete extinction, and has ceased to be affected by any surrounding influences. Solitude, when abused by its promiscuous adoption, has the same pernicious and paralyzing action upon the insane as upon the sane mind. It is as essential to avoid the removal of the ordinary impressions upon the senses, and to encourage intellectual and emotional activity in the one case as in the other. In both cases it is true that, without the stimulus of society, the mind has a constant tendency to imbecility, torpor, and degradation. The histories of convents and monasteries, especially those of rigid rule, afford interesting exemplifications of the tendency alluded to. The antidotes to the action of this deteriorating influence in an institution for the insane, require to be carefully and constantly prepared and brought into play, and states of passiveness and sluggishness counteracted by appeals to those mental faculties which remain unimpaired, and by the gentle and exhilarating influence of occupations, amusements, and cheerful society. The ingenuity of the officials is taxed to the utmost to keep up a constant flow of moral influences, having an invigorating action; but many of the patients minister to their own tastes and predilections, and create for themselves an atmosphere in which they live as happily and contentedly as is perhaps attainable or possible. Thus, one gentleman, who recovered during the year, passed his time—which was all divided into portions devoted to occupations of his own choice—in painting in water colours, in reading the German poets, conning the newspapers, and smoking cigars in the garden. He improved rapidly, and when questioned as to his wants and welfare, was accustomed to reply that he had everything he required or wished for; that he felt no more restraint than if he were in an ordinary hotel; and that he had worked himself in a state of good health by his laborious artistic exercises. Another gentleman devotes most of his time to the rearing of poultry; he cannot be diverted from this to any more elevated employ; and living like a Rosicrucian philosopher



upon the golden delusion that he is above death or corruption, and that his body will continue to flourish through all eternity in its present vigour, he seems to experience the highest happiness. Another gentleman passes much of his time in acting as the amanuensis of the Medical Superintendent ; and indulging the belief that he has the regulation of the weather under his control, that he is the tutelar divinity of farmers, and can make the sun to shine, or the rain to fall, at his bidding, he passes a very industrious life, in the assurance that he is the most important and responsible man upon the face of the earth. A female patient, who believes herself to be pursued every night by the Devil and bands of warlocks, offered her services to the Matron as kitchen-maid, and has continued to work diligently, presenting herself at each engaging term to know whether she is to be re-engaged for the next term, forgets to demand any wages, and seems contented and happy. Many of the inmates are thus positively provided with all the sources of gratification and opportunities for activity which are suited to their condition. Nor are they cut off from personal contact and intercourse with the external world. The town and surrounding country are visited for all kinds of purposes, both on foot or in carriages. Some of the ladies took an interest in the late Ladies' Sale on behalf of the Industrial Schools, and contributed to it some articles of needle-work. During the last autumn, also, a lady, accompanied by the Matron and an attendant, paid a visit to Balmoral, for the purpose of seeing her Majesty and the Royal Family. The interesting object was attained by visiting Crathie Church, where it was known her Majesty attended regularly. The journey occupied three days ; was performed by post-chaise ; and afforded the opportunity of visiting some of the choice spots of that part of the Highlands. The result of the excursion was most satisfactory and profitable. It acted as a tonic of the whole system, both mental and physical, and afforded matter for conversation, letter-writing, and criticism for long afterwards.

The tendency to ennui is counteracted very successfully by the circumstance that there are always many individuals who are what are called "originals," whose eccentricities and delusions are of that innocent and amiable description, or their flow of animal spirits and humour is so exuberant and influential, that they are favour-

ites everywhere, and make themselves the centres from which are diffused merriment, laughter, and sociability. By a little dexterity in arranging matters, these individuals are made to exert a powerful and remedial moral influence over their companions ; at the same time they themselves are pleased and benefitted by the opportunity to expend their superabundant activity and mental effervescence upon an amused and sympathizing circle. A certain classification of the inmates is essential to the attainment of the highest degree of harmony and contentment, and it is regulated principally by a consideration of circumstances of this kind. When judiciously managed, it becomes a valuable agency, the result being that the disease of one is actually converted into the remedy of another. By the continued operation of such counter-acting influences, many a morbid condition of thought and feeling has been gradually undermined and removed. The disease may be greatly aggravated in certain cases by neglecting the power of suitable classification. Feelings and ideas are often transmitted with much ease when the mind is feeble, ill-balanced, and wavering between reality and delusion. Constant vigilance is, therefore, necessary in order to secure the good and to avoid the evil which will infallibly result from the action of one diseased mind upon another.

The question is sometimes asked, which class of agencies is most productive of good results in the treatment of mental disease, the moral or the physical ? When it is considered that we are justified in concluding that in every case the real pathological conditions of the malady are to be found in the bodily structures, it would seem at first sight that the remedies would require to be all of the material kind, as being those which would alone exert the requisite power to modify or alter the bodily constitution. This conclusion is not, however, warranted by experience. The mind and its affections can often exert a healing and restorative action upon the morbid states alluded to, when all the potencies of the pharmacopœia have been exhausted in vain. We have an illustration of the power of mind to modify the bodily functions, when we see an emotion making the blood rush to the head, or keeping it from flowing there ; in throwing out perspiration or checking it ; in inducing the secretion of tears, or in drying up the secretion of saliva and parching the mouth. Both classes of



remedies are valuable in their places ; each has its peculiar advantages ; and it would appear to be nearly accurate to say that when mental disease has had a moral origin, it will be most likely to yield to a moral remedy ; and, on the other hand, when the cause is physical the cure will be of the same nature. Experience shows that the two kinds of treatment must in all cases be combined if we would appropriate all the benefit placed within our grasp. And it is the special arrangements and opportunities for effecting this combination which an efficient institution for the insane presents which give it such advantages. The histories of two individuals who recovered during the year, will afford an interesting illustration of what has been stated. In the one case the cause of the disease was purely moral—disappointment and vexation ; in the other it was clearly physical—resulting from a severe blow upon the head. The first case was that of a captain of a large vessel engaged in traffic to our antipodes. When arrived in the tropical regions he was overwhelmed by a series of difficulties. His provisions were bad, and fever broke out amongst the crew ; the vessel became leaky and becalmed ; the crew became insubordinate, and one of them, during the delirium of fever, jumped overboard and was drowned. The mental cord seemed to have been stretched to the utmost, and when this latter event occurred it snapped asunder. He fell down upon the deck in a state of insensibility ; and when consciousness returned he became maniacal, was placed under restraint, and never again resumed the command of his vessel. When, many months afterwards, he was admitted into this Asylum his bodily health was apparently good ; the excitement had much abated ; it was chronic in its type ; he talked the greatest nonsense ; was restless, sleepless, had a great turn for merriment, and took great delight in tearing up all his clothing into strings, and tying them about his person in the most fantastic style. The treatment to which he was subjected consisted in occupation in the garden, in attendance at the customary thrice-a-week ball in the large flower garden, and every opportunity was given him for indulging his merriment and social tendencies. These means had a very beneficial action upon him, and, in conjunction with the physical auxiliaries of a good diet, warm bathing, and an occasional dose of medicine, were crowned with entire success.



The other illustration relates to a young man who inadvertently fell from a height, alighting upon the crown of his head. He was rendered insensible, blood flowed from his ears, and there was every indication that he had sustained fracture at the base of the skull. In this case also maniacal excitement came on soon after the injury. The treatment was very different. It consisted in the careful abstraction of moral influences, in securing as much rest as possible, enjoining low diet, and following a generally depleting course. It was also followed by the disappearance of the mental symptoms. There remained, however, a degree of irritability of temper, and a weakness of the right side of the body, indicating that a degree of permanent mischief had resulted from the injury of the head. These conditions did not necessitate a prolonged residence in the Institution, and he was accordingly discharged.

A few months since the friends of Dr Smith—who was lately tried for incendiarism, and his insanity found proven—used every endeavour to secure his admission into this Institution. These endeavours were defeated, not in consequence of any reluctance to comply with the request, but solely on account of the unusual obligation which the Judges of the High Court of Justiciary demanded from the Directors of this Institution in regard to Dr Smith's safe custody. The Directors expressed their willingness to sanction his admission as an ordinary patient, subject to the established laws of the Institution, and refused to depart in this instance from their ordinary practice as to the conditions for the reception of patients. This having been considered unsatisfactory to the Judges, his removal to the Asylum was not permitted. No scruples were entertained as to the propriety of giving Dr Smith the benefits of the Institution. It was enough that his insanity existed, and that the violent act was one of its symptoms, to entitle him to all the privileges and forbearance accorded to the deranged intellect. It has never been the practice here to make the fact that an insane act has been committed the ground for refusing to afford protection and a retreat to the insane perpetrator. Such an individual is called, in common *parlance*, a "criminal lunatic," and a sentimental line of separation is drawn between him and ordinary lunatics. The true and only difference, however, consists in the fact, that the insane who have done

violent deeds have not been properly watched by their friends, whereas the insane, whose hands are clean, have received that care and protection from their friends which it was a paramount duty to bestow. If any criminality be imputed for an insane act, it is both reasonable and humane to cast it rather upon those who should have acted the part of guardians than upon the bereft sufferer, who has been hurried along by his irresistible and blind infatuation. This is precisely the spirit which presides over the treatment and government of the inmates of an asylum. If a patient unhappily commit a violent act the blame is at once thrown upon his curator. The former is regarded with commiseration, the latter is visited with indignation. It would be absurd to apply the degrading epithet "criminal lunatic" in such a case. It is equally indefensible to make any difference either in our language or feelings when considering insane acts committed *before*, and similar acts committed *after*, entrance into an asylum. The morbid appetites and insensate impulses are identical in the two cases; but in the one case the opportunity for mischief was presented, while it was withheld in the other—the precise difference consisting in what the guardians of the patient had done or omitted to do. The two words of the designation used obviously stand in direct contradiction to each other, seeing that *criminality* implies responsibility and *lunacy* implies the absence of it. To foster or encourage this odious distinction is practically to treat disease as a crime, to punish misery and misfortune, and to commit as great an outrage against charity as when men held the ancient prejudice that the insane were removed from the pale of humanity by the special visitation of God. Among the individuals received into the Institution during the past year is one who imagined he had a Divine commission for fire-raising and assaulting individuals. Another who believed himself tempted by two imaginary personages to kill his wife. A female who made an attempt to strangle her husband while he was asleep. Another who, during her frenzy, was happily saved by her friends from carrying out her intention to destroy her children. And a young female, the incursion of whose insanity was marked by her plundering and embezzling the property of her friends. These facts indicate the fearful tendencies and tyrannous controlling power of some forms of mental alienation.



Certain morbid bodily states are seen to have some influence in determining them. Thus pellagra, a particular disease of the skin, has been noticed to give a proclivity to suicide. The puerperal state, under certain morbid conditions, induces an impulse to infanticide. And the cerebral congestion accompanying the epileptic paroxysm is especially prone to engender homicidal tendencies. A sufferer from this malady was some time since admitted into this Institution who intended to decapitate his children in the belief that they were monsters of hideous form.

The daily average number of patients in the Institution during the year has been 213. Eleven patients have died, viz., six males, and five females. Four of these individuals died of general paralysis. Two of gradual exhaustion of the vital powers. Three of pulmonary inflammation. One of heart disease : and one of abdominal inflammation.

The number of patients admitted since the opening of the Institution has been 1590. The number discharged recovered has been 723, being 45.47 per cent. recovered. The number admitted during the year now closed, has been 51 ; and 21 have recovered. It is an important and painful circumstance, that of the 51 cases admitted, 11 had been patients in the Institution upon previous occasions, one of them so many as four times previously. This proportion is, however, comparatively small. An extensive observation of cases has shown that of every three individuals recovered, one of them will suffer a relapse. It is a difficult thing to say precisely when recovery has taken place ; for although the mind may have apparently become restored to its original health and strength ; and calmness and a capacity to engage in business or study may have returned, nevertheless a delicacy or sensitiveness often remains, which gives a predisposition to an easy relapse. For this reason it is recommended that apparent recovery should not be followed by immediate removal from the Asylum, as experience shows that liability to relapse decreases in proportion to the duration of recovery. When it is considered that the pathological change establishing insanity resides in the nervous system, the frequent recurrence of the disease after recovery is explicable ; other organs of the body showing the same delicacy after disease, and the same tendency to become vigorous and proof against morbid impressions as the time from



recovery is prolonged. The only certain test of sanity, or rather of a perfect recovery, is the effect produced by a return to the duties and struggles of active life. Unfortunately, too many persons forget, after recovery, the necessity for care and caution; they expose themselves to the exciting causes of the disease thoughtlessly; and neglect the necessary attention to the rules of health which ought to have been their guides, and which afforded them the prospect of immunity from disease; thus has it been truly said that—

“Our acts are at the bottom of our pains.”

# STATISTICAL TABLES

FOR THE

YEAR ENDING 18<sup>TH</sup> JUNE 1855.

(The Year ending on the 3d Monday of June, agreeably to Charter.)

TABLE I.

## YEARLY STATEMENT.

From 19th June 1854 to 18th June 1855.

|                                                             | Males. | Females. | Total. |
|-------------------------------------------------------------|--------|----------|--------|
| Remained 19th June 1854, .                                  | 114    | 91       | 205    |
| Admissions during the above period,                         | 19     | 21       | 40     |
| Re-admitted, . . . . .                                      | 7      | 4        | 11     |
| Total, .                                                    | 140    | 116      | 256    |
| <i>Discharges and Deaths,—</i>                              |        |          |        |
| Discharged, cured, . . . . .                                | 12     | 9        | 21     |
| Do. improved, . . . . .                                     | 1      | 2        | 3      |
| Do. by desire, . . . . .                                    | 6      | 5        | 11     |
| Died, . . . . .                                             | 6      | 5        | 11     |
| Total, .                                                    | 25     | 21       | 46     |
| Remaining 18th June 1855,                                   | 115    | 95       | 210    |
| Total, .                                                    | 140    | 116      | 256    |
| Daily average number of patients in<br>the House, . . . . . | 117    | 96       | 213    |

II.—TABLE OF CAUSES OF DISEASE OF PATIENTS ADMITTED  
DURING THE YEAR.

|                                              | Males. | Females. | Total. |
|----------------------------------------------|--------|----------|--------|
| Disappointment, . . . . .                    | 4      | 3        | 7      |
| Grief, . . . . .                             | 2      | 1        | 3      |
| Religious anxiety and excitement, . . . . .  | 0      | 1        | 1      |
| Drunkenness, . . . . .                       | 8      | 1        | 9      |
| Injuries of the head, . . . . .              | 1      | 0        | 1      |
| Puerperal state, . . . . .                   | 0      | 2        | 2      |
| Fright, . . . . .                            | 1      | 1        | 2      |
| Jealousy, . . . . .                          | 0      | 1        | 1      |
| Unknown, . . . . .                           | 10     | 15       | 25     |
| Hereditary predisposition was ascertained in | 6      | 4        | 10     |

III.—ADMISSIONS RELATIVE TO AGES.

|                                       | Males. | Females. | Total. |
|---------------------------------------|--------|----------|--------|
| From 15 to 20 years of age, . . . . . | 2      | 2        | 4      |
| 20 to 25 . . . . .                    | 2      | 3        | 5      |
| 25 to 30 . . . . .                    | 4      | 1        | 5      |
| 30 to 35 . . . . .                    | 1      | 5        | 6      |
| 35 to 40 . . . . .                    | 6      | 5        | 11     |
| 40 to 45 . . . . .                    | 5      | 1        | 4      |
| 45 to 50 . . . . .                    | 1      | 2        | 3      |
| 50 to 55 . . . . .                    | 3      | 2        | 5      |
| 55 to 60 . . . . .                    | 2      | 1        | 3      |
| 60 to 65 . . . . .                    | 0      | 1        | 1      |
| 65 to 70 . . . . .                    | 2      | 1        | 3      |
| 70 to 75 . . . . .                    | 0      | 1        | 1      |
|                                       | —      | —        | —      |
|                                       | 26     | 25       | 51     |



IV.—FORMS OF DISEASE OF PATIENTS ADMITTED DURING THE  
YEAR.

|                        | Males. | Females. | Total. |
|------------------------|--------|----------|--------|
| Mania, . . . . .       | 6      | 12       | 18     |
| Dementia, . . . . .    | 14     | 5        | 19     |
| Monomania, . . . . .   | 4      | 4        | 8      |
| Melancholia, . . . . . | 2      | 4        | 6      |
|                        | —      | —        | —      |
|                        | 26     | 25       | 51     |

V.—ADMISSIONS RELATIVE TO THE SOCIAL CONDITION.

|                      | Males. | Females. | Total. |
|----------------------|--------|----------|--------|
| Married, . . . . .   | 11     | 7        | 18     |
| Unmarried, . . . . . | 12     | 15       | 27     |
| Widows, . . . . .    | 0      | 3        | 3      |
| Widowers, . . . . .  | 3      | 0        | 3      |
|                      | —      | —        | —      |
|                      | 26     | 25       | 51     |

VI.—DURATION OF DISEASE PREVIOUSLY TO ADMISSION.

|                                  | Males. | Females. | Total. |
|----------------------------------|--------|----------|--------|
| Not exceeding 1 month, . . . . . | 7      | 10       | 17     |
| ... 3 ... . . . .                | 4      | 5        | 9      |
| ... 6 ... . . . .                | 1      | 2        | 3      |
| ... 9 ... . . . .                | 1      | 0        | 1      |
| ... 1 year, . . . . .            | 0      | 1        | 1      |
| ... 2 ... . . . .                | 4      | 2        | 6      |
| ... 3 ... . . . .                | 5      | 1        | 6      |
| ... 4 ... . . . .                | 0      | 1        | 1      |
| ... 5 ... . . . .                | 3      | 1        | 4      |
| ... 7 ... . . . .                | 0      | 1        | 1      |
| ... 8 ... . . . .                | 1      | 0        | 1      |
| ... 13 .. . . .                  | 0      | 1        | 1      |
|                                  | —      | —        | —      |
|                                  | 26     | 25       | 51     |

VII.—TIME OF TREATMENT OF THE 21 PATIENTS DISCHARGED CURED.

|                         |   |   | Males. | Females. | Total. |
|-------------------------|---|---|--------|----------|--------|
| Not exceeding 3 months, | . | . | 2      | 4        | 6      |
| ... 6 ...               | . | . | 3      | 2        | 5      |
| ... 9 ...               | . | . | 3      | 2        | 5      |
| ... 1 year,             | . | . | 1      | 0        | 1      |
| ... 2 ...               | . | . | 2      | 0        | 2      |
| ... 3 ...               | . | . | 1      | 0        | 1      |
| ... 4 ...               | . | . |        | 1        | 1      |
|                         |   |   | <hr/>  | <hr/>    | <hr/>  |
|                         |   |   | 12     | 9        | 21     |

VIII.—CAUSES OF DEATH.

|                    |   |   | Males. | Females. | Total. |
|--------------------|---|---|--------|----------|--------|
| General Paralysis, | . | . | 3      | 1        | 4      |
| Marasmus,          | . | . | 2      | 0        | 2      |
| Disease of heart,  | . | . | 0      | 1        | 1      |
| Bronchitis,        | . | . | 1      | 1        | 2      |
| Pneumonia,         | . | . | 0      | 1        | 1      |
| Gastro-Enteritis,  | . | . | 0      | 1        | 1      |
|                    |   |   | <hr/>  | <hr/>    | <hr/>  |
|                    |   |   | 6      | 5        | 11     |

IX.—TABLE OF CURES AT DUNDEE ASYLUM FROM 1820 TO 1855.

*Admissions from 1st April 1820, to 18th June 1855.*

|                        | Cured. | Per Cent. |
|------------------------|--------|-----------|
| Number Admitted, 1590, | 723    | 45.47     |

From its Opening upon the 1st April 1820, to the 18th June 1855, including Ke-Admissions, together with the Cures, Discharges, and Deaths.

| No. | Years. | Remained. |     |     | Admitted. |     |      | Total. |     |     | Discharged. |     |     |           |     |     | Died. |    |     | Remaining<br>18th June,<br>1855. |    |    |   |  |  |
|-----|--------|-----------|-----|-----|-----------|-----|------|--------|-----|-----|-------------|-----|-----|-----------|-----|-----|-------|----|-----|----------------------------------|----|----|---|--|--|
|     |        |           |     |     |           |     |      |        |     |     | Cured.      |     |     | Relieved. |     |     |       |    |     |                                  |    |    |   |  |  |
|     |        | M.        | F.  | T.  | M.        | F.  | T.   | M.     | F.  | T.  | M.          | F.  | T.  | M.        | F.  | T.  | M.    | F. | T.  | M.                               | F. | T. |   |  |  |
| 1   | 1820   | ...       | ... | ... | 22        | 28  | 50   | 3      | 5   | 8   | 1           | 1   | 2   | 1         | 4   | 3   | 2     | 1  | 0   | 0                                | 0  | 0  | 1 |  |  |
| 2   | 1821   | 16        | 21  | 37  | 12        | 33  | 61   | 5      | 8   | 13  | 4           | 4   | 8   | 1         | 4   | 3   | 2     | 1  | 0   | 0                                | 0  | 0  | 1 |  |  |
| 3   | 1822   | 19        | 19  | 38  | 13        | 32  | 70   | 4      | 4   | 8   | 2           | 5   | 7   | 0         | 0   | 1   | 1     | 0  | 0   | 0                                | 0  | 1  |   |  |  |
| 4   | 1823   | 32        | 22  | 54  | 17        | 20  | 91   | 8      | 5   | 13  | 1           | 2   | 3   | 1         | 2   | 3   | 2     | 1  | 0   | 0                                | 0  | 1  |   |  |  |
| 5   | 1824   | 40        | 34  | 74  | 28        | 24  | 126  | 14     | 15  | 29  | 8           | 3   | 10  | 4         | 2   | 6   | 4     | 2  | 0   | 0                                | 0  | 3  |   |  |  |
| 6   | 1825   | 43        | 38  | 81  | 28        | 29  | 138  | 15     | 13  | 28  | 3           | 7   | 10  | 1         | 2   | 3   | 0     | 2  | 2   | 2                                | 0  | 3  |   |  |  |
| 7   | 1826   | 51        | 47  | 98  | 24        | 10  | 132  | 10     | 11  | 21  | 4           | 6   | 10  | 3         | 2   | 5   | 1     | 3  | 2   | 2                                | 0  | 2  |   |  |  |
| 8   | 1827   | 59        | 37  | 96  | 20        | 15  | 131  | 8      | 9   | 11  | 9           | 5   | 8   | 6         | 3   | 8   | 2     | 6  | 2   | 2                                | 4  | 1  |   |  |  |
| 9   | 1828   | 60        | 43  | 103 | 17        | 14  | 134  | 10     | 7   | 19  | 5           | 6   | 10  | 3         | 4   | 10  | 6     | 4  | 2   | 2                                | 4  | 1  |   |  |  |
| 10  | 1829   | 56        | 41  | 97  | 15        | 18  | 130  | 8      | 8   | 15  | 8           | 6   | 15  | 8         | 4   | 10  | 5     | 2  | 2   | 2                                | 0  | 0  |   |  |  |
| 11  | 1830   | 55        | 46  | 101 | 15        | 18  | 134  | 8      | 4   | 16  | 5           | 5   | 16  | 8         | 3   | 8   | 5     | 2  | 2   | 2                                | 0  | 1  |   |  |  |
| 12  | 1831   | 55        | 52  | 107 | 21        | 16  | 144  | 2      | 4   | 6   | 5           | 5   | 6   | 3         | 5   | 10  | 7     | 1  | 2   | 2                                | 0  | 1  |   |  |  |
| 13  | 1832   | 67        | 54  | 121 | 23        | 24  | 168  | 11     | 13  | 24  | 7           | 7   | 24  | 5         | 4   | 11  | 8     | 5  | 7   | 3                                | 7  | 2  |   |  |  |
| 14  | 1833   | 65        | 58  | 123 | 22        | 18  | 163  | 9      | 13  | 17  | 2           | 6   | 17  | 8         | 6   | 8   | 9     | 4  | 4   | 4                                | 0  | 2  |   |  |  |
| 15  | 1834   | 70        | 58  | 128 | 19        | 21  | 168  | 9      | 9   | 22  | 6           | 7   | 22  | 9         | 3   | 14  | 17    | 5  | 6   | 5                                | 0  | 2  |   |  |  |
| 16  | 1835   | 70        | 59  | 129 | 20        | 18  | 167  | 7      | 8   | 11  | 9           | 7   | 11  | 7         | 8   | 17  | 5     | 7  | 5   | 3                                | 0  | 3  |   |  |  |
| 17  | 1836   | 70        | 64  | 134 | 24        | 16  | 174  | 8      | 3   | 16  | 2           | 4   | 16  | 3         | 7   | 17  | 5     | 6  | 5   | 2                                | 3  | 0  |   |  |  |
| 18  | 1837   | 72        | 59  | 131 | 30        | 12  | 173  | 13     | 3   | 16  | 4           | 3   | 16  | 3         | 5   | 17  | 5     | 7  | 5   | 1                                | 5  | 3  |   |  |  |
| 19  | 1838   | 80        | 64  | 144 | 26        | 27  | 197  | 14     | 9   | 23  | 4           | 3   | 23  | 7         | 8   | 11  | 8     | 6  | 7   | 5                                | 2  | 3  |   |  |  |
| 20  | 1839   | 82        | 70  | 152 | 29        | 28  | 209  | 23     | 20  | 43  | 3           | 4   | 23  | 3         | 5   | 11  | 8     | 5  | 5   | 3                                | 0  | 0  |   |  |  |
| 21  | 1840   | 80        | 71  | 151 | 33        | 25  | 209  | 6      | 16  | 22  | 4           | 8   | 22  | 8         | 7   | 10  | 8     | 5  | 8   | 2                                | 0  | 4  |   |  |  |
| 22  | 1841   | 98        | 74  | 172 | 34        | 19  | 225  | 16     | 11  | 27  | 8           | 9   | 27  | 3         | 2   | 10  | 5     | 8  | 5   | 2                                | 4  | 3  |   |  |  |
| 23  | 1842   | 100       | 78  | 178 | 29        | 32  | 239  | 21     | 10  | 31  | 9           | 8   | 31  | 2         | 7   | 10  | 5     | 8  | 5   | 4                                | 1  | 2  |   |  |  |
| 24  | 1843   | 94        | 89  | 183 | 25        | 22  | 230  | 6      | 14  | 20  | 8           | 7   | 18  | 7         | 8   | 15  | 5     | 6  | 10  | 8                                | 7  | 3  |   |  |  |
| 25  | 1844   | 95        | 88  | 183 | 34        | 26  | 243  | 9      | 9   | 18  | 7           | 8   | 18  | 8         | 7   | 15  | 6     | 5  | 8   | 6                                | 7  | 4  |   |  |  |
| 26  | 1845   | 105       | 91  | 196 | 24        | 26  | 246  | 15     | 15  | 30  | 8           | 10  | 30  | 8         | 7   | 15  | 5     | 5  | 6   | 5                                | 6  | 3  |   |  |  |
| 27  | 1846   | 100       | 93  | 193 | 28        | 29  | 250  | 7      | 19  | 26  | 10          | 11  | 26  | 11        | 6   | 21  | 7     | 4  | 14  | 7                                | 2  | 2  |   |  |  |
| 28  | 1847   | 106       | 90  | 196 | 23        | 29  | 248  | 13     | 13  | 26  | 1           | 3   | 26  | 7         | 7   | 10  | 10    | 8  | 14  | 8                                | 2  | 19 |   |  |  |
| 29  | 1848   | 101       | 95  | 196 | 22        | 24  | 242  | 11     | 14  | 25  | 3           | 4   | 25  | 3         | 7   | 10  | 14    | 7  | 7   | 5                                | 5  | 12 |   |  |  |
| 30  | 1849   | 102       | 93  | 195 | 30        | 32  | 257  | 13     | 15  | 28  | 4           | 10  | 28  | 4         | 10  | 11  | 14    | 8  | 12  | 5                                | 6  | 16 |   |  |  |
| 31  | 1850   | 107       | 97  | 204 | 32        | 25  | 261  | 11     | 13  | 24  | 3           | 3   | 24  | 3         | 6   | 11  | 11    | 5  | 5   | 6                                | 5  | 11 |   |  |  |
| 32  | 1851   | 106       | 96  | 202 | 19        | 21  | 242  | 16     | 8   | 24  | 3           | 4   | 24  | 4         | 5   | 9   | 9     | 4  | 5   | 5                                | 6  | 10 |   |  |  |
| 33  | 1852   | 101       | 98  | 199 | 23        | 20  | 242  | 10     | 13  | 23  | 4           | 4   | 23  | 4         | 5   | 9   | 5     | 4  | 5   | 5                                | 4  | 9  |   |  |  |
| 34  | 1853   | 106       | 95  | 201 | 26        | 15  | 242  | 7      | 12  | 19  | 4           | 4   | 19  | 7         | 2   | 12  | 7     | 4  | 7   | 5                                | 9  | 18 |   |  |  |
| 35  | 1854   | 114       | 91  | 205 | 26        | 25  | 256  | 12     | 9   | 21  | 7           | 7   | 21  | 12        | 7   | 14  | 6     | 6  | 6   | 5                                | 17 | 17 |   |  |  |
|     |        |           |     |     | 839       | 751 | 1590 | 362    | 361 | 723 | 183         | 190 | 373 | 181       | 103 | 284 | 115   | 95 | 210 |                                  |    |    |   |  |  |



XI.—THE TIMES OF THE PATIENTS' DEATH AFTER THEIR ADMISSION  
INTO THE ASYLUM,

*From the Opening of the Institution to June 18th 1855.*

| Times of Death.     |   |   |   | Males. | Females. | Total. |
|---------------------|---|---|---|--------|----------|--------|
| Within 1 fortnight, | . | . | . | 11     | 9        | 20     |
| ... 1 month, .      | . | . | . | 8      | 2        | 10     |
| ... 3 ...           | . | . | . | 22     | 11       | 33     |
| ... 6 ...           | . | . | . | 13     | 7        | 20     |
| ... 9 ...           | . | . | . | 10     | 4        | 14     |
| ... 1 year, .       | . | . | . | 7      | 2        | 9      |
| .. 2 ...            | . | . | . | 31     | 14       | 45     |
| ... 3 ...           | . | . | . | 12     | 4        | 16     |
| ... 4 ...           | . | . | . | 14     | 5        | 19     |
| ... 5 ...           | . | . | . | 4      | 4        | 8      |
| ... 6 ...           | . | . | . | 7      | 4        | 11     |
| ... 7 ...           | . | . | . | 7      | 4        | 11     |
| ... 8 ...           | . | . | . | 2      | 6        | 8      |
| ... 9 ..            | . | . | . | 4      | 4        | 8      |
| ... 10 ...          | . | . | . | 1      | 3        | 4      |
| ... 11 ..           | . | . | . | 1      | 2        | 3      |
| ... 12 ...          | . | . | . | 2      | 2        | 4      |
| ... 13 ...          | . | . | . | 1      | 2        | 3      |
| ... 14 ...          | . | . | . | 6      | 2        | 8      |
| ... 15 ...          | . | . | . | 3      | 0        | 3      |
| ... 16 ...          | . | . | . | 2      | 1        | 3      |
| ... 17 ...          | . | . | . | 0      | 3        | 3      |
| ... 18 ...          | . | . | . | 2      | 1        | 3      |
| ... 19 ...          | . | . | . | 2      | 1        | 3      |
| ... 20 ...          | . | . | . | 0      | 0        | 0      |
| ... 21 ...          | . | . | . | 0      | 1        | 1      |
| ... 22 ...          | . | . | . | 1      | 1        | 2      |
| ... 23 ..           | . | . | . | 0      | 2        | 2      |
| ... 24 ...          | . | . | . | 1      | 1        | 2      |
| ... 25 ...          | . | . | . | 0      | 0        | 0      |
| ... 26 ...          | . | . | . | 1      | 0        | 1      |
| ... 27 ...          | . | . | . | 0      | 0        | 0      |
| ... 28 ..           | . | . | . | 0      | 1        | 1      |
| .. 29 ...           | . | . | . | 2      | 0        | 2      |
| ... 30 ...          | . | . | . | 2      | 0        | 2      |
| ... 31 ...          | . | . | . | 0      | 0        | 0      |
| .. 32 ...           | . | . | . | 1      | 0        | 1      |
| ... 33 ...          | . | . | . | 1      | 0        | 1      |
| Total,              |   |   |   | 181    | 103      | 284    |

## XII.—ANNUAL PER CENTAGE OF DEATHS,

*From June 16. 1830, to June 18. 1855.*

| Years.    | Average Number of Patients. |      |      | Number of Deaths. |    |     | Per Centage of Deaths. |      |      |
|-----------|-----------------------------|------|------|-------------------|----|-----|------------------------|------|------|
|           | M.                          | F.   | T.   | M.                | F. | T.  | M.                     | F.   | T.   |
| 1830..... | 57                          | 44   | 101  | 2                 | 2  | 4   | 3.51                   | 4.52 | 3.95 |
| 1831..... | 55                          | 48   | 103  | 2                 | 1  | 3   | 3.63                   | 2.08 | 2.91 |
| 1832..... | 61                          | 52   | 113  | 2                 | 5  | 7   | 3.27                   | 9.61 | 6.19 |
| 1833..... | 65                          | 59   | 124  | 7                 | 3  | 10  | 10.76                  | 5.08 | 8.06 |
| 1834..... | 70                          | 58   | 128  | 6                 | 4  | 10  | 8.57                   | 6.89 | 7.81 |
| 1835..... | 68                          | 58   | 126  | 4                 | 4  | 8   | 5.88                   | 6.89 | 6.84 |
| 1836..... | 70                          | 59   | 129  | 6                 | 2  | 8   | 5.57                   | 3.39 | 6.20 |
| 1837..... | 74                          | 61   | 135  | 5                 | 5  | 10  | 6.75                   | 8.19 | 7.48 |
| 1838..... | 77                          | 60   | 137  | 7                 | 1  | 8   | 9.09                   | 1.66 | 5.53 |
| 1839..... | 84                          | 66   | 150  | 6                 | 5  | 11  | 7.19                   | 7.57 | 7.83 |
| 1840..... | 87                          | 70   | 157  | 5                 | 2  | 7   | 5.74                   | 2.85 | 4.45 |
| 1841..... | 89                          | 75   | 164  | 5                 | 3  | 8   | 5.61                   | 3.99 | 4.87 |
| 1842..... | 102                         | 77   | 179  | 8                 | 2  | 10  | 5.84                   | 2.59 | 5.58 |
| 1843..... | 96                          | 84   | 180  | 5                 | 4  | 9   | 5.20                   | 4.80 | 5.00 |
| 1844..... | 97                          | 90   | 187  | 10                | 2  | 12  | 10.31                  | 2.22 | 6.41 |
| 1845..... | 100                         | 90   | 190  | 8                 | 6  | 14  | 8.00                   | 6.66 | 7.37 |
| 1846..... | 105                         | 96   | 201  | 6                 | 2  | 8   | 5.70                   | 2.08 | 3.90 |
| 1847..... | 105                         | 95   | 200  | 5                 | 2  | 7   | 4.70                   | 2.01 | 3.05 |
| 1848..... | 103                         | 94   | 197  | 14                | 5  | 19  | 13.61                  | 5.30 | 9.60 |
| 1849..... | 104                         | 94   | 198  | 7                 | 5  | 12  | 6.70                   | 5.30 | 6.00 |
| 1850..... | 107                         | 93   | 200  | 8                 | 3  | 11  | 7.47                   | 3.02 | 5.05 |
| 1851..... | 108                         | 96   | 204  | 12                | 2  | 14  | 11.00                  | 2.00 | 6.85 |
| 1852..... | 107                         | 99   | 206  | 5                 | 5  | 10  | 4.67                   | 5.00 | 4.85 |
| 1853..... | 107                         | 98   | 205  | 4                 | 5  | 9   | 3.73                   | 5.10 | 4.39 |
| 1854..... | 109                         | 95   | 204  | 7                 | 5  | 12  | 6.42                   | 5.27 | 5.88 |
| 1855..... | 117                         | 96   | 213  | 6                 | 5  | 11  | 5.12                   | 5.20 | 5.16 |
|           | 2324                        | 2007 | 4331 | 162               | 90 | 252 |                        |      |      |

## AVERAGE ANNUAL MORTALITY,

*From 1830 to 1855, inclusive:—*

| Males. | Females. | Total. |
|--------|----------|--------|
| 6.9    | 4.4      | 5.68   |

THE FOLLOWING ARE THE  
**DIRECTORS and OFFICE-BEARERS**  
 FOR  
**THE CURRENT YEAR,**

*From June 1855 to June 1856.*

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**EXTRAORDINARY DIRECTORS.**

- |                                                                                                 |                     |
|-------------------------------------------------------------------------------------------------|---------------------|
| 1. The Right Honourable Fox, Lord Panmure,                                                      | } <i>Of Forfar.</i> |
| Lord Lieutenant of the County.                                                                  |                     |
| 2. The Right Honourable Adam, Viscount Duncan, the Representative in Parliament for the County. |                     |
| 3. Alex. S. Logan, Esq. Advocate, the Sheriff of the County.                                    | }                   |
| 4. George Duncan, Esq., M.P. for the Burgh of Dundee, the Vine.                                 |                     |
| 5. The Moderator of the Synod of Angus and Mearns.                                              |                     |

*Directors for Life.*

6. Patrick Scott, Esq., 160 Nethergate.
7. Thomas Erskine, Esq. of Linlathen, Broughty Ferry.
8. David Blair, Esq. of Craighill, St Andrews.
9. Sir John Ogilvy, Baronet, of Inverquhar.
10. William Thoms, Esq., Bank Court, Dundee.

**ORDINARY DIRECTORS.**

*Ex Officiis.*

11. The Provost of Dundee.
12. The First Bailie of Dundee.
13. The Dean of Guild of Dundee.

*Elected by the Nine Incorporated Trades of Dundee.*

14. Mr William Lawson, 20 Long Wynd.
15. Mr David Rollo, 1 Bank Street.
16. Mr George Butchart, 64 Wellgate.